

Boone County Health Department

Environmental Division

116 West Washington St. B201
Lebanon, IN 46052

On The North Side of The Square
www.boonecounty.in.gov.

Telephone 765-483-4458
Fax 765-483-5243

This complaint is being registered by:

Date _____

Name _____ Address _____

City/Zip _____ Phone _____

I am willing to sign an affidavit regarding the conditions listed below: Yes _____ No _____

I am willing to testify to the conditions listed below in a court of law: Yes _____ No _____

I, hereby register a public health complaint with the health officer of Boone County against:

Name _____ Address _____

City/Zip _____ Phone _____

Location, if different than address above _____

TYPE OF COMPLAINT

<input type="checkbox"/> Air Pollution	<input type="checkbox"/> Housing	<input type="checkbox"/> Manure	<input type="checkbox"/> Roaches	<input type="checkbox"/> Trash
<input type="checkbox"/> Animals	<input type="checkbox"/> Industrial	<input type="checkbox"/> Road Side Dumping	<input type="checkbox"/> Sewage	<input type="checkbox"/> Other
<input type="checkbox"/> Garbage	<input type="checkbox"/> Junk Cars	<input type="checkbox"/> Rats	<input type="checkbox"/> Stream Pollution	

The public health complaint is being filed for the following reasons: (give specific details): _____

PLEASE READ THE FOLLOWING STATEMENTS

The Boone County Health Department was established by law to carry out certain duties and to enforce certain laws specifically assigned it by the State Legislature and the Boone County Commissioners. There are many cases in which the Health Department or its representative has no authority to act. However, upon receiving a complaint regarding a possible health hazard it is the duty of the local health officer to investigate and order abatement if such is warranted.

Signature of Complainant

For Office Use

Date Investigated _____ Findings _____

_____ See back for add'l details

Notice (verbal - written) Written notice (regular – certified) Date _____ Township _____

Contact with ISBH IDEM DNR _____ Division _____

Time allowed to abate public health problem _____

Condition corrected _____

Signed _____

Environmental Health Specialist